JUNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period Covered: January 1, Juny - Dec. 31, 2017	OF REPRESENTATIVE STATEMENT	E E	FORM B For use by candidates and new employees	B naidates stoyees	JAN 2 2008 JAN 2 2 2008	200
Marianne He A	er-Meeks	(Ful Name) ### Sa Sc (Mailing Address)	641-683-7	3-75 <u>51</u>	2000 JAN 30 PM 2: 30 OFFICE OF THE CLERK A	
Filer Candidate for the House of Repressible Officer or employee	Candidate for the State:		Date of Nev 4, 2008	Check if Amendment	A \$200 penaity shall be assessed against anybody who files more than 30 days late.	assessed es more
In all sections, please type or print clearly in black ink PRELIMINARY INFORMATION — A	MATION — ANSW	- ANSWER EACH OF THESE QUESTIO	SE QUESTIONS			
I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	ned" income (e.g., salaries or ce in the reporting period?	%	IV. Did you hold any report filing in the current cal	y reportable positions on or before the date nt calendar year or in the prior two years? nd attach Schedule IV.	r before the date rior two years? Yes	<u></u> П
II. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule II.	dent child receive "unearned" orthog period or hold any ,000 at the end of the period?	§	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	ortable agreement or a tach Schedule V.	arrangement Yes	8
III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule III.	ident child have any report- ing the reporting period? ule III.	Yes V	VI. Did you receive compensation of more than \$5,000 from a single source in the two prior years? If yes, complete and attach Schedule VI.	pensation of more that Ω prior years? mch Schedule VI.	n \$5,000 from Yes 📈	<u></u>
Each questio	Each question in this part must be answered and the appropriate	e answered and the	80	le attached for	edule attached for each "Yes" response.	
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE Q TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 8.)	SION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE. -Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instruction	OR TRUST INFOR		SWER EACH ct and certain other r a dependent child	— ANSWER EACH OF THESE QUESTIONS bial Conduct and certain other "excepted trusts" spouse, or a dependent child? (See Instructions, Yes	8 8 []
EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	ded from this report any oth s for exemption?	er assets, "unearned" incon	ne, transactions, or liabili	ties of a spouse or o	dependent child Yes	₹ []
CERTIFICATION — THIS	IS DOCUMENT MUST BE	SIGNED	BY THE REPORT	ING INDIVIDU	RTING INDIVIDUAL AND DATED	
This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any inc willfully falls to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4,)	ent is required by the Ethic by the Committee on Stand by be subject to civil penaltie	s in Government Act of 197 lards of Official Conduct or as and criminal sanctions (5	8, as amended. The Stat its designee. Any individu See 5 U.S.C. app. 4, § 10	Statement will be available to dividual who knowingly and w § 104 and 18 U.S.C. § 1001).	This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully falsifies and criminal sanctions (See 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).	n written ngly and
		Signature of Reporting Individual			Date (Month, Day, Year)	
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	have made on this form are true, complete and adge and belief.	nevamotomicas	nea mee		01/18/2018.	

SCHEDULE I—EARNED INCOME (INCLUDING HONORARIA)

Name	
Mariannelle	
Mariannelle Miller Meks	

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List the source, type, and amount of earned income, including honoraria, from any source (other than your current employment by the U.S. Government) totaling \$200 or more during the current year to the filing date *and*, separately, the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

Subde date of receipt for honoraria) Type Current Year to Filing State 1 State 1 State 1 State 2 State 2 Concerned Parameters in the state 2 Concerned Parameters in the state 3 State 4 State 3 State 3 State 3 State 4 St	XYZ Corpóration, Houston, Texas First Bank & Trust, Houston, Texas XYZ Trade Association, Chicago, IL. (Recid December 2) Harris County, Texas Public Schools XYZ Trade Association, Chicago, IL. (Recid December 2) Harris County, Texas Public Schools NA Spouse Salary Medical Scalety Director's Fee 30,000 11 Annual Regional (Negotal) Lealth Conder Spouse Salary Spouse											Source (include date of receipt for honoraria) XYZ Corporation, Houston, Texas First Bank & Trust, Houston, Texas XYZ Trade Association, Chicago, IL. (Rec'd December 2) Harris County, Texas Public Schools A cart Land Eye Cane - K. I. partnership I thumw Regional Seciety I thumw Regional (Nespital) Health Center		Amount Current Year to Filing \$6,300 \$4,00 NA Sel, 0.20	Pre
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SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Asset and/or Income Source

BLOCK A

exceeding \$1,000 at the end of the reporting Identify (a) each asset held for investment or production of income with a fair market value provide its value at the end of the reporting power to select the specific investments) directed IRA (i.e., one where you have the full names of any mutual funds. For a selfproperty or land, provide an address. Provide period, and (b) any other asset or source of me business and its geographic location. For period. For an active business that is not publicly traded, in Block A state the nature of name the institution holding the account and IRA or retirement plan that is not self-directed, and the income earned for the account. For an provide information on each asset in the booklet for the reporting year additional information, see the instruction account that exceeds the reporting threshold, unearned income during the year. For renta ncome which generated more than \$200 in × 00

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there is rental income); any debt owed to you any financial interests in or income derived from U.S. Government retirement programs. by your spouse, or by your or your spouse's \$5,000 or less in personal savings accounts Exclude: Your personal residence(s) (unless ilid, parent, or sibling; any deposits totaling

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the None

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NONE

DIVIDENDS

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DC, Examples.

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BLOCK B

than fair market value, please at close of reporting period specify the method used. If you use a valuation method other only because it generated income If an asset was sold and is included the value should be "None." Value of Asset

Type of Income BLOCK C

Check "None" if the asset did not Check all columns that apply. period. earn any income during the reporting Indicate type of income earned

Amount of income BLOCK D

earn any income during a reporting year; do checking the appropriate box below. not allow you to choose specific investments, as income. Check "None" if the asset did not Dividends, even if reinvested, should be listed assets, indicate the category of income by you may write "NA" for income. For all other For retirement plans or accounts that do not leave blank.

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For additional assets and unearned income, use next page

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SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Mariannelle Miller meeks

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SCHEDULE III — LIABILITIES

Namo Mariannelle Miller Meeks

Page H of 5

automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report revolving charge accounts (i.e., credit cards) only if the balance at the close of the previous calendar year exceeded \$10,000. highest amount owed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the

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SCHEDULE IV — POSITIONS

Report all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year and in the two prior years as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I

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SCHEDULE V-AGREEMENTS

Name Mariannelle Miller Macks

Page 5 of 5

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

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SCHEDULE VI-COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of such compensation received by you or your business affiliation for services provided directly by you during the two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any nonprofit organization if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. Government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule I.

Example:	Source (Name and Address) Example: Doe Jones & Smith, Hometown, Homestate
	Tan Madrial Society